UNITED STATES SECURITIES AND EXCHANGE C Washington, D.C. 20549



FORM D NOTICE OF SALE OF SEC PURSUANT TO REGULA SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EX

| 5      | EC USE ONL | .Y     |
|--------|------------|--------|
| Prefix |            | Serial |
| D      | ATE RECEIV | ED     |
|        |            |        |

| Name of Offering (☐ check if this is an amendment and name has changed, and indicate change.)  LP Investors III, LP   |  |
|---|--|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section Rule 505 Rule 506 Section Rule 506 | tion 4(6) ULOE / Oa a C// (                                  |
| Type of Filing: New Filing   Amendment  | 1300814  |
| A. BASIC IDENTIFICATION I   | DATA   |
| 1. Enter the information requested about the issuer   |  |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  LP Investors III, LP (the "Fund")   |  |
| Address of Executive Offices (Number and Street, City, State, Zip Code) c/o Odyssey Investment Partners, LLC, 280 Park Avenue, New York, New York 10017   | Telephone Number (Including Area Code) (212) 351-7900        |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)   | Telephone Number (Including Area Code)                       |
| Brief Description of Business   |  |
| Investment in Odyssey Investment Partners Fund III, LP.   |  |
|   | DPA AND  |
| Type of Business Organization  corporation  Imited partnership, already formed  business trust  imited partnership, to be formed  other (please specify)  | FRUCESSED  |
| Actual or Estimated Date of Incorporation or Organization:    Month   Year  | E Actual Estimated FINANCIAL APR 0 8 2005  THOMSON FINANCIAL |

#### **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02) 21763441v4

### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

| Check Box(es) that Apply:  | Promoter    | Beneficial Owner | Executive Officer  | Director | ☑ General and/or Managing Partner |  |  |  |  |
|--|-------------|------------------|--|----------|-----------------------------------|--|--|--|--|
| Full Name (Last name first, if<br>Odyssey Capital Partners III, I  |             | Partner")        | and the second s |          |                                   |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code) c/o Odyssey Investment Partners, LLC, 280 Park Avenue, New York, New York 10017 |             |                  |  |          |                                   |  |  |  |  |
| Check Box(es) that Apply:  | Promoter    | Beneficial Owner | ■ Executive Officer*   | Director | General and/or Managing Partner   |  |  |  |  |
| Full Name (Last name first, if<br>Berger, Stephen  | individual) |                  |  |          | _                                 |  |  |  |  |
| Business or Residence Address<br>c/o Odyssey Investment Partne   |             |                  | ork 10017  |          |                                   |  |  |  |  |
| Check Box(es) that Apply:  | Promoter    | Beneficial Owner | ☑ Executive Officer*   | Director | General and/or Managing Partner   |  |  |  |  |
| Full Name (Last name first, if<br>Kwait, Brian   | individual) |                  |  |          |                                   |  |  |  |  |
| Business or Residence Address<br>c/o Odyssey Investment Partne   |             |                  | ork 10017  |          |                                   |  |  |  |  |
| Check Box(es) that Apply:  | Promoter    | Beneficial Owner | ■ Executive Officer*   | Director | General and/or Managing Partner   |  |  |  |  |
| Full Name (Last name first, if Mirza, Muzzi  | individual) |                  |  |          |                                   |  |  |  |  |
| Business or Residence Address<br>c/o Odyssey Investment Partne   |             |                  | ork 10017  |          |                                   |  |  |  |  |
| Check Box(es) that Apply:  | Promoter    | Beneficial Owner | ☑ Executive Officer*   | Director | General and/or Managing Partner   |  |  |  |  |
| Full Name (Last name first, if Hopkins, William F.   | individual) |                  |  |          |                                   |  |  |  |  |
| Business or Residence Address<br>c/o Odyssey Investment Partne   |             |                  | ork 10017  |          |                                   |  |  |  |  |
| Check Box(es) that Apply:  | Promoter    | Beneficial Owner | ■ Executive Officer*   | Director | General and/or Managing Partner   |  |  |  |  |
| Full Name (Last name first, if Rotatori, Douglas   | individual) |                  |  |          |                                   |  |  |  |  |
| Business or Residence Address<br>c/o Odyssey Investment Partne   |             |                  | ork 10017  |          |                                   |  |  |  |  |
| Check Box(es) that Apply:  | Promoter    | Beneficial Owner | ■ Executive Officer*   | Director | General and/or Managing Partner   |  |  |  |  |
| Full Name (Last name first, if<br>Hitchner, Douglas  | individual) |                  |  |          |                                   |  |  |  |  |
| Business or Residence Address<br>c/o Odyssey Investment Partne   |             |                  | ork 10017  |          |                                   |  |  |  |  |
| * of the General Partner.  |             |                  |  |          |                                   |  |  |  |  |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

| Check Box(es) that Apply:                                      | Promoter         | ■ Beneficial Owner          | Executive Officer | Director | General and/or Managing Partner |
|--|------------------|-----------------------------|-------------------|----------|---------------------------------|
| Full Name (Last name first, if Sarofim, Fayez                  | individual)      |                             |                   |          |                                 |
| Business or Residence Addres<br>Attention: Belinda Phelps, V.F |                  |                             | 77010             |          |                                 |
| Check Box(es) that Apply:                                      | Promoter         | Beneficial Owner            | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if Richard P. Small Trust UAD 3    |                  |                             |                   |          |                                 |
| Business or Residence Address<br>P.O. Box 52566, Tulsa, OK 74  |                  | eet, City, State, Zip Code) |                   |          |                                 |
| Check Box(es) that Apply:                                      | Promoter         | Beneficial Owner            | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if Volent, Ivan                    | individual)      |                             |                   |          |                                 |
| Business or Residence Address<br>27 Hereford Lane, Santa Fe, N |                  | eet, City, State, Zip Code) |                   |          |                                 |
| Check Box(es) that Apply:                                      | Promoter         | Beneficial Owner            | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if                                 | individual)      |                             |                   |          |                                 |
| Business or Residence Address                                  | (Number and Stre | eet, City, State, Zip Code) |                   |          |                                 |
| Check Box(es) that Apply:                                      | Promoter         | Beneficial Owner            | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if                                 | individual)      |                             |                   |          |                                 |
| Business or Residence Address                                  | (Number and Stre | eet, City, State, Zip Code) |                   |          |                                 |
| Check Box(es) that Apply:                                      | Promoter         | Beneficial Owner            | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if                                 | individual)      |                             |                   |          |                                 |
| Business or Residence Address                                  | (Number and Stre | eet, City, State, Zip Code) |                   | , ,      |                                 |
| Check Box(es) that Apply:                                      | Promoter         | Beneficial Owner            | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if                                 | individual)      |                             |                   |          |                                 |
| Business or Residence Address                                  | (Number and Stre | eet, City, State, Zip Code) |                   |          |                                 |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

|   | •                     |                           |                           |               |                                | B. INF        | ORMATIC                  | ON ABOU                   | OFFERI        | NG           |              |              |  |             |        |
|---|-----------------------|---------------------------|---------------------------|---------------|--------------------------------|---------------|--------------------------|---------------------------|---------------|--------------|--------------|--------------|--|-------------|--------|
|   |                       |                           |                           |               |                                |               |                          |                           |               |              |              |              |  | Yes         | No     |
| 1. H  | las the               | issuer sold               | , or does th              | e issuer inte | end to sell,                   | to non-accr   | edited inve              | stors in this             | offering?     |              |              |              |  |             | X      |
|   |                       |                           |                           |               |                                |               |                          | Column 2,                 | _             |              |              |              |  |             |        |
| 2. What is the minimum investment that will be accepted from any individual?              |                       |                           |                           |               |                                |               |                          | \$250,000                 | 0             |              |              |              |  |             |        |
| * The General Partner reserves the right to accept Capital Commitments of lesser amounts. |                       |                           |                           |               |                                |               |                          |                           | Yes           | No           |              |              |  |             |        |
|   |                       |                           | -                         | •             | _                              |               |                          |                           |               |              |              |              |  |             |        |
| so<br>re  | olicitati<br>egistere | on of purcl<br>d with the | hasers in co<br>SEC and/o | onnection w   | rith sales of<br>te or states, | securities i  | n the offerine of the br | ng. If a persoker or deal | son to be lis | ted is an as | sociated pe  | rson or age  | nilar remune<br>nt of a broke<br>are associate |             | such a |
| Full Na   | me (L                 | ast name f                | irst, if indiv            | vidual)       |                                |               |                          |                           |               |              |              |              |  |             |        |
| Credit  | Suisse l              | First Bosto               | n LLC                     |               |                                |               |                          |                           |               |              |              |              |  |             |        |
| Busine  | ss or Re              | esidence A                | ddress (Nu                | mber and S    | treet, City,                   | State, Zip (  | Code)                    |                           |               |              |              |              |  |             |        |
| 11 Mad  | ison A                | venue, Nev                | w York, N                 | Y 10010       |                                |               |                          |                           |               |              |              |              |  |             |        |
| Name  | of Asso               | ciated Bro                | ker or Deal               | er            |                                |               |                          |                           |               |              |              |              |  |             |        |
|   |                       |                           |                           |               |                                |               |                          |                           |               |              |              |              |  |             |        |
| States i  | n Whic                | h Person L                | isted Has                 | Solicited or  | Intends to                     | Solicit Purc  | hasers                   | =                         |               |              |              |              |  |             |        |
| (0  | Check "               | All States"               | or check i                | ndividual S   | tates)                         |               |                          |                           |               |              |              |              |  | □ All State | es     |
| [A  | AL]                   | [AK]                      | [AZ]                      | [AR]          | [CA]                           | [CO]          | [CT]                     | [DE]                      | [DC]          | [FL]         | [GA]         | [HI]         | [ID]   |             |        |
| []  | L]                    | [IN]                      | [IA]                      | [KS]          | [KY]                           | [LA]          | [ME]                     | [MD]                      | [MA]          | [MI]         | [MN]         | [MS]         | [MO]   |             |        |
| •   | MT]                   | [NE]                      | [NV]                      | [NH]          | [NJ]                           | [NM]          | [NY]                     | [NC]                      | [ND]          | [OH]         | [OK]         | [OR]         | [PA]   |             |        |
|   | N]                    | [SC]                      | [SD]                      | [TN]          | [TX]                           | [UT]          | [VT]                     | [VA]                      | [WA]          | [WV]         | [WI]         | [WY]         | [PR]   |             |        |
| Tunita  | iiic (La              | ist name m                | 3t, 11 marv               | iddai)        |                                |               |                          |                           |               |              |              |              |  |             |        |
| Duging  | 20 0= D               | aidonaa A                 | ddmaga (Niv               | mber and S    | troot City                     | State 7im C   | 'ada)                    | _                         |               |              |              |              |  |             |        |
| Dusnies   | ss or Ke              | sidence A                 | uuiess (ivu               | mber and S    | ireet, City,                   | State, Zip C  | lode)                    |                           |               |              |              |              |  |             |        |
| Name a  | £ 4                   | ainted Dunt               | ker or Deal               |               |                                |               |                          | _                         |               |              |              |              |  |             |        |
| Name 0  | )1 ASSO               | cialed bioi               | kei oi Deai               | er            |                                |               |                          |                           |               |              |              |              |  |             |        |
| States is   | n Whic                | h Person I                | icted Hac                 | Solicited or  | Intends to 9                   | Policit Purc  | hacero                   |                           |               |              |              |              |  |             |        |
|   |                       |                           |                           |               |                                |               |                          |                           |               |              |              |              | ***************************************        | □ A11 C+-+- | _      |
|   |                       |                           |                           |               |                                |               |                          |                           |               |              |              |              |  | □ All State | S      |
| [A]   | AL]                   | [AK]<br>[IN]              | [AZ]<br>[IA]              | [AR]<br>[KS]  | [CA]<br>[KY]                   | [CO]<br>[LA]  | [CT]<br>[ME]             | [DE]<br>[MD]              | [DC]<br>[MA]  | [FL]<br>[MI] | [GA]<br>[MN] | [HI]<br>[MS] | [ID]<br>[MO]                                   |             |        |
|   | ит]                   | [NE]                      | [NV]                      | [NH]          | [NJ]                           | [NM]          | [NY]                     | [NC]                      | [ND]          | [OH]         | [OK]         | [OR]         | [PA]   |             |        |
| [R  | -                     | [SC]                      | [SD]                      | [TN]          | [TX]                           | [UT]          | [VT]                     | [VA]                      | [WA]          | [WV]         | [WI]         | [WY]         | [PR]   |             |        |
| Full Na   | me (La                | ast name fi               | rst, if indiv             | ridual)       |                                |               |                          |                           |               |              |              |              |  |             |        |
|   |                       |                           |                           |               |                                |               |                          |                           |               |              |              |              |  |             |        |
| Busines   | s or Re               | sidence A                 | ddress (Nu                | mber and S    | treet, City,                   | State, Zip (  | Code)                    |                           |               |              |              |              |  |             |        |
|   |                       |                           |                           |               |                                |               |                          |                           |               |              |              |              |  |             |        |
| Name o  | f Assoc               | iated Brok                | cer or Deal               | er            |                                |               |                          | _                         |               |              |              |              |  |             |        |
|   |                       |                           |                           |               |                                |               |                          |                           |               |              |              |              |  |             |        |
| States in   | n Whicl               | h Person L                | isted Has S               | Solicited or  | Intends to S                   | Solicit Purcl | nasers                   | _                         |               |              |              |              |  |             |        |
| (C  | heck "                | All States"               | or check in               | ndividual Si  | ates)                          | ••••••        |                          |                           |               | ••••••       | ••••         |              |  | ☐ All State | :S     |
| _   | L]                    | [AK]                      | [AZ]                      | [AR]          | [CA]                           | [CO]          | [CT]                     | [DE]                      | [DC]          | [FL]         | [GA]         | [HI]         | [ID]   |             |        |
| [11   |                       | [IN]                      | [IA]                      | [KS]          | [KY]                           | [LA]          | [ME]                     | [MD]                      | [MA]          | [MI]         | [MN]         | [MS]         | [MO]   |             |        |
|   | 4T]                   | [NE]                      | (SD)                      | [NH]          | [NJ]                           | [NM]          | [NY]                     | [NC]                      | [ND]          | [OH]         | [OK]         | [OR]         | [PA]   |             |        |
| [R  | u)                    | [SC]                      | [SD]                      | [TN]          | [TX]                           | [UT]          | [VT]                     | [VA]                      | [WA]          | [WV]         | [WI]         | [WY]         | [PR]   |             |        |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

|   | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEED   |
|---|---|
| 1 | . Enter the aggregate offering price of securities included in this offering and the total amount already sold. |
| • | Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box □ and       |
|   | indicate in the columns below the amounts of the securities offered for exchange and already exchanged.         |

|    | Type of Security  | Aggregate<br>Offering Price |             | Amount Already<br>Sold               |
|----|---|-----------------------------|-------------|--------------------------------------|
|    | Debt  | \$0                         | _           | \$0                                  |
|    | Equity  | \$0                         | _           | \$0                                  |
|    | □ Common □ Preferred  |                             |             |                                      |
|    | Convertible Securities (including warrants)   | \$0                         | _           | \$0                                  |
|    | Partnership Interests   | \$26,750,000                | _           | \$26,750,000                         |
|    | Other (Specify)   | \$0                         | _           | \$0                                  |
|    | Total   | \$26,750,000                | _           | \$26,750,000                         |
|    | Answer also in Appendix, Column 3, if filing under ULOE.  |                             |             |                                      |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."            |                             |             |                                      |
|    |   | Number<br>Investors         |             | Aggregate Dollar Amount of Purchases |
|    | Accredited Investors  | 14                          |             | \$26,750,000                         |
|    | Non-accredited Investors  | 0                           |             | \$0                                  |
|    | Total (for filings under Rule 504 only)   |                             | _           | \$                                   |
|    | Answer also in Appendix, Column 4, if filing under ULOE.  |                             |             |                                      |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  |                             |             |                                      |
|    |   | Type of Security            |             | Dollar Amount<br>Sold                |
|    | Type of offering  |                             | _           | \$                                   |
|    | Rule 505  | <del></del>                 | _           | \$                                   |
|    | Regulation A  |                             | _           | \$                                   |
|    | Rule 504  |                             | _           | \$                                   |
|    | Total   |                             |             | \$                                   |
|    |   |                             |             |                                      |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             |             |                                      |
| 4. | this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an  |                             | × :         | \$ <b>*</b>                          |
| 4. | this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  |                             |             | \$*<br>\$*                           |
| 4. | this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees   |                             | × :         |                                      |
| 4. | this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees   |                             | X :         | \$*                                  |
| 4. | this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees   |                             | X :         | \$*<br>\$*                           |
| 4. | this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs.  Legal Fees  Accounting Fees                           |                             | X<br>X<br>X | \$*<br>\$*<br>\$*                    |
| 4. | this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs.  Legal Fees  Accounting Fees  Engineering Fees         |                             | X :         | 5*<br>5*<br>5*<br>5*                 |

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| ь.   | Enter the difference between the aggregate offering price give response to Part C - Question 4.a. This difference is the "adjusted  |  |  |                       |  |  |  |
|--|---|--|--|-----------------------|--|--|--|
| 5.   | Indicate below the amount of the adjusted gross proceeds to the i amount for any purpose is not known, furnish an estimate and climust equal the adjusted gross proceeds to the issuer set forth in re- |  |  |                       |  |  |  |
|  |   |  | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments To<br>Others |  |  |  |
|  | Salaries and fees   |  | \$   | \$                    |  |  |  |
|  | Purchase of real estate   | <u></u>  | \$   | \$                    |  |  |  |
|  | Purchase, rental or leasing and installation of machinery and   | equipment  | \$   | \$                    |  |  |  |
|  | Construction or leasing of plant buildings and facilities   |  | \$   | \$                    |  |  |  |
|  |   | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) |  |                       |  |  |  |
|  | Repayment of indebtedness   |  | \$   | \$                    |  |  |  |
|  | Working capital   |  | \$   | \$                    |  |  |  |
|  | Other (specify): Investment   | <b>■</b> \$26,750,000  | \$   |                       |  |  |  |
|  |   |  | \$   | \$                    |  |  |  |
|  | Column Totals   |  | ■ \$26,750,000   | \$                    |  |  |  |
|  | Total Payments Listed (columns totals added)  | . 🗷 \$26,750,000   |  |                       |  |  |  |
|  |   |  |  |                       |  |  |  |
| 77.  | e issuer has duly caused this notice to be signed by the undersigne   | D. FEDERAL SIGNATURE   | and an David SOS All a Callia                          |                       |  |  |  |
| an   | undertaking by the issuer to furnish to the U.S. Securities and Exchanged investor pursuant to paragraph (b)(2) of Rule 502.  |  |  |                       |  |  |  |
| Iss  | uer (Print or Type)   | Signature  | Date   |                       |  |  |  |
| LF   | Investors III, LP   | That   | Apr  | i1 1, 2005            |  |  |  |
| Na   | ume of Signer (Print or Type)   | Title of Signer (Print or Type)  |  |                       |  |  |  |
| Brian Kwait Managing Member of Odyssey Cap |   |  | artners III, LLC, the ger                              | neral partner of LP   |  |  |  |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

## **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)